

# CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

2614  
#  
CC

Mail Stop \_\_\_\_  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

on 10-10-2003

Sami O. Malas  
Sami O. Malas

RECEIVED  
OCT 23 2003  
Technology Center 2600

In Re Application of:

Jerding, et al.

Serial No.: 09/590,488

Filed: 06/09/00

Confirmation No.: 2510

Group Art Unit: 2614

Examiner: Beliveau, Scott E.

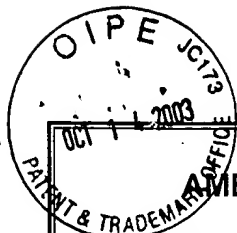
Docket No.: 191910-1540 (A-6600)

For: **User Interface Navigational System with Parental Control for Video-On-Demand System**

The following is a list of documents enclosed:

Return Postcard  
Petition For Extension of Time  
Amendment Transmittal  
Amendment and Response  
Credit Card Authorization - \$194.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): Jerding et al.

Docket No.

A-6600

Serial No.  
09/590,488

Filing Date  
06/09/00

Examiner  
Beliveau, Scott E.

Confirmation No.  
2510

Group Art Unit  
2614

Invention: User Interface Navigational System with Parental Control for Video-On-Demand System

Commissioner for Patents  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria VA 22313-1450

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Technology Center 2600

Transmitted herewith is Amendment and Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28 -	37 =	0	X \$18.00	\$0.00
INDEP. CLAIMS	4 -	3 =	1	X \$84.00	\$84.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$140.00	\$0.00
EXTENSION FEE	1 <sup>ST</sup> MONTH <input checked="" type="checkbox"/> 110.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> 410.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> 930.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> 1,450.00	\$110.00
Other Fees:					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$194.00

- ☐ No additional fee is required for the Amendment and Response.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$194.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

*Sami O. Malas*

Sami O. Malas, Reg. No. 44,893

*10-10-03*

Date